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ABSTRACT

This training module describes and defines the role of the behavioral consultant and strategies for time management, problem solving, providing teacher support, and establishing collaborative relationships within the school, between home and school, and between school and community. The first of three workshops addresses the role of the behavioral consultant as a resource person, diagnostician, and trainer whose responsibilities include providing suggestions for adapting materials, referral to outside agencies for additional services, behavior management suggestions, follow-up for all intervention recommendations, classroom observation, student and teacher interviews, case conference participation, assistance to regular and special education teachers, and providing staff development workshops. A second workshop focuses on competency in organizational skills (time management, maintaining files), while the third addresses interpersonal skills in the form of problem-solving, verbal and nonverbal communication, and personal coping. Sample report forms and handouts (including a copy of the Behavior Questionnaire) are provided, and a list of references concludes the document. (JW)

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BEHAVIORAL CONSULTANT TRAINING MODULE

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped
Shirley J. Amond, Chairperson

July 1988

EC 21 2264

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THIS CONSULTATION TRAINING MODULE

IS DEDICATED TO

DENISE MCGUIRE OLIVER SPRINGMAN
July 29, 1954 - July 25, 1988

In addition to being a teacher of students with emotional handicaps, a consultant to teachers, paraprofessional aides, and administrators, and a project trainer, Denise made immeasurable and valuable contributions to the preparation of the training modules distributed by Indiana's Committee on Emotionally Handicapped.

She will be greatly missed by her friends and her colleagues for her expertise, dedication, support, and her zest for life.

ACKNOWLEDGMENTS

Under the leadership of the Indiana State Advisory Council on the Education of Handicapped Children and Youth, the Indiana Committee on the Emotionally Handicapped has continued its efforts to resolve those issues which inhibit the development of programs for seriously emotionally handicapped students.

This publication is the result of the cooperative efforts of many individuals. Those individuals have contributed time and shared their expertise toward the completion of this activity.

To all those who served on the committee, a special note of thanks is expressed. The sharing of information and personal skills in the research, writing, and editing of this publication is deeply appreciated.

The committee members wish specifically to recognize the staff of the Indiana Special Education Administrators' Services, Dr. William R. Littlejohn, Director, and Connie Cutter and Linda Wolf, support personnel, for their dedicated efforts on behalf of the project. Their contributions have been invaluable.

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BEHAVIORAL CONSULTANT MODULE

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PREFACE

The term Behavioral Consultant is used to describe a staff position or function. Various training backgrounds or licensure may be considered when filling this position. Psychologists, counselors, social workers, and teachers experienced in working with students with emotional handicaps can successfully perform the duties required in this assignment.

The function of this staff person is to be available to design and coordinate special program components and to work directly with parents, teachers, and students to help improve student behavior and performance.

In order to fulfill this role, the consultant must:

1) have a well-defined and structured role.
2) have problem solving skills.
3) have effective communication skills.
4) have the ability to provide support.
5) have the ability to provide individual or group training.

This module provides the basis for training in these areas.

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Behavioral Consultant

Workshop I

The Consultant's Role

Training Module
Behavioral Consultant
Introduction

A. Rationale - Public Law 94-142 and Indiana's Rule S-1 requires that a broad continuum of services be available to students identified as handicapped. Those services range from interventions in the regular classroom to individualized education plans in restrictive settings. The full continuum for students with emotional handicaps is discussed in more detail in the Strategies document written by Indiana's Task Force on Emotionally Handicapped. A staff member critical to the successful delivery of services in that continuum is the behavioral consultant. Their duties include: serving as a diagnostician, serving as a resource person for regular and special education teachers, administrators, and parents, conducting staff development workshops, and assisting in crisis intervention. Any one of these jobs is time consuming and personally demanding. An effective behavioral consultant is capable of combining the skills required for each of these roles to best meet both the needs of the student and the adults with whom they work.

B. Purpose - The purpose of this module is to describe and define the role of the behavioral consultant and to give participants practice in assuming this role through the use of several activities.

This module will also present some specific strategies for the behavioral consultant for time management, problem solving, providing teacher support, and establishing the collaborative relationship within the school, between school and home, and between school and community.

C. Scope - This module includes descriptions of the consultant's role, strategies for problem solving, suggestions for establishing and maintaining effective communication and explanations for providing individual support and group training. Also included are tip sheets.

D. Prerequisite Skills -

1. The behavioral consultant should be knowledgeable in the basic skills presented in the modules available on assessment, the IEP process, behavior management, crisis intervention, affective education, parent involvement, and interpersonal skills for facilitating mainstreaming.

2. This module assumes that consultants have the following prerequisite skills:

   a. Knowledge of the basic legal requirements for construction and implementation of individualized education plans appropriate to meet the needs of the student and for implementing those plans in the least restrictive environment;
   b. Experience with observation of behavior in classroom settings;
   c. Knowledge and successful practice of "active listening" skills;
   d. Good verbal communication skills;
   e. Knowledge of and experience with appropriate behavior management strategies in a variety of settings and situations;
   f. Knowledge of the academic areas taught by the classroom teacher(s) with whom the consultant is working.

The Behavioral Consultant as a Resource Person

GOAL: The behavioral consultant will serve as a resource person for the student with emotional handicaps and regular and special education teachers by providing information concerning behavior management skills, special materials available, provide adaptations of material and learning environment, make referrals to other agencies, design crisis intervention plans, and provide some follow-up activities. Ideally, a behavioral consultant would not be required to carry a caseload of students. However, some behavioral consultants are asked to manage a caseload of students identified as emotionally handicapped. The students are served on either a direct or an indirect basis. The consultant provides positive support to both the classroom teacher and the student with emotional handicaps.

It is important to maintain the distinction between consultation and resource services. The consultant does not assume responsibility for providing core academic instruction or remedial services.

Behavioral consultants are not responsible for direct instruction; they are responsible for providing the classroom teacher with interventions and resources which will help the child in that setting. Other indirect services might include suggestions for behavior management, developing crisis intervention plans, and maintaining an ongoing contact with the teacher.

The consultant needs to understand the problems of each child on the caseload and to maintain personal contact with each child. The goal of such contact is to build a relationship with the child so that the consultant can anticipate difficulties and make effective recommendations.

OBJECTIVE 1: The behavioral consultant will provide the teacher with suggestions for making adaptations of materials.

Adapting materials to help the student to be successful in the regular class is an important aspect of the behavioral consultant's role. The consultant must be familiar with both the student's learning style and the teacher's instructional preferences before making specific recommendations.

Lambie (1980) makes the following suggestions about adapting materials.

a. Only adapt materials when there is a mismatch between the students' needs and the material.
b. Keep changes simple.
c. Evaluate any changes made in the material. Are they really necessary?
d. Minimize the time required to change materials; attempt to adapt materials so that they meet the needs of several students.
e. Make sure any supplementary materials are consistent with the original material.
f. Be aware of the strengths and weaknesses of the materials being recommended.

Some material adaptations actually require no writing, cutting, or pasting. For example, materials can be adapted by changing:

a. the amount of material presented,
b. the complexity of the language to explain the material's use,
c. the sequence of skills taught in the material, and
d. the mode of presentation and response.

ACTIVITY 1: The trainer will lead the discussion of the following three situations.

SITUATION 1

The student demonstrates difficulty in staying on task in math class (inattentive, disruptive to other students, and does not complete assignments). Average length of assignments is 30-40 problems per day. Problem identified: Assignment too long.

Participants are asked to brainstorm ways to provide effective interventions.

Discuss a variety of adaptations. (List should include: allowing student to take breaks after every 5 problems, copying problems for student, working problems on the chalkboard instead of paper.)

SITUATION 2

The student is in a high school social studies class. The text is written at grade level, but student reads below grade level. The student seldom is prepared for class discussion and becomes very nervous and withdrawn, making noises and in constant motion.

Participants are asked to brainstorm ways to provide effective intervention. Discuss a variety of adaptations. (The list should include peer tutoring and taping the text.)

OBJECTIVE 2: The behavioral consultant will be able to refer the teacher, students, or parents to outside agencies for additional services, which will enhance and compliment the school program. The behavioral consultant must be aware of additional agencies willing to provide services to students with emotional handicaps. In order to meet this objective, a significant portion of the consultant's time must be devoted to building positive relationships within the school and between the school and the school community.

ACTIVITY 2: Have participants divide into small groups, if appropriate, and list all the types of audiences with whom the school and/or the behavioral consultant might deal. This should include teachers, administrators, students, parents (natural, adoptive, foster, surrogate), mental health professionals (social workers, psychologists, psychiatrists), juvenile justice system professionals (police, parole officers, lawyers), social services (welfare, Child Protection). Using the individual groups, compile a master list of people with whom the consultant must be prepared to work. Discuss these relationships.

OBJECTIVE 3: The behavioral consultant will provide the teacher with suggestions for appropriate behavior management skills (including crisis intervention plans).

As the job title indicates, one of the crucial roles is providing effective behavior management techniques to classroom teachers. The consultants must keep abreast of effective techniques and skillfully recommend them in appropriate situations. Recommendations will vary from student to student, teacher to teacher, and school to school. The consultant should know the school personnel and students with whom they work. Suggestions should enhance, not complicate the system.

Activity #3: The trainer will distribute Handout #1.

Discuss briefly. If the participants have specific questions about an intervention, they should be referred to the Strategies for Improving Indiana's Programs for Seriously Emotionally Handicapped Students.

Most behavior management interventions listed on the handout focus on positive reinforcement. There are times, however, when these interventions are not effective and a student's behavior becomes dangerous to themselves or others. At this time when a student is out of control, it is necessary for staff members to gain control in a non-violent manner.

Being the resident advisor on behavior, the consultant must also be a master of crisis intervention techniques. There will be many times during a school year when they will be called upon to defuse a volatile situation. Consultant must serve in both a preventative role and a reactive role. A plan of action should be established within a building to identify the steps that personnel will take in case of a crisis. The consultant should participate in the creation of such a plan.

Review Handout #2 - Briefly discuss the steps involved in developing a crisis intervention plan.

The best laid plans are not always sufficient to prevent a crisis from developing. The consultant needs to be prepared to intervene in difficult situations by rapidly assessing the level of intervention required and providing recommendations for dealing with the immediate situation. At all times, the behavioral consultant must remember to model appropriate crisis intervention skills, exhibiting the ability to make rational decisions in a calm manner.

The behavioral consultant should also be prepared to assist in post-crisis analysis to identify additional needs or changes in the crisis management plan and to provide emotional support to staff in the post-crisis period. The value of this follow-up is that by evaluating performance in a constructive manner, teachers can learn to deal with similar problems in the future more effectively. Evaluating success of the crisis intervention plan allows the behavioral consultant to monitor its effectiveness over a longer period of time. Continuous evaluation is always necessary.

OBJECTIVE 4: The behavioral consultant will provide ongoing follow-up for all recommendations for interventions.

ACTIVITY #4: The trainer will lead a group discussion and will ask for participants to state reasons for follow-up services.

Included in list: Why? - To measure effectiveness
- To maintain good relationship with teacher

The Behavioral Consultant as a Diagnostician

GOAL: The behavioral consultant will serve as a member of the diagnostic team by providing information through classroom observation, and student, teacher, and parent interviews. The behavioral consultant will be able to summarize the information collected so it can be utilized effectively in developing individualized education plans and determining appropriate educational placement.

Because the consultation model falls within the special education continuum, the consultant routinely serves as a member of the diagnostic team and must comply with all legal requirements of Rule S-1 and Federal Law 94-142. As a member of this team, the consultant may: observe the student, interview the student, interview staff, interview parents, administer and interpret behavior rating scales, provide required documentation, and participate in Case Conferences. It is essential for the consultant to have a thorough knowledge of the assessment and IEP process.

The consultant is bound by all the obligations of confidentiality as defined in the Family Education Rights and Privacy Act.

OBJECTIVE 1: The behavioral consultant will make classroom observations and document the information collected.

Students evaluated for possible emotional handicaps must have as part of their evaluation "documentation of systematic observation of the child in the classroom and/or school". The behavioral consultant may do the observation to meet this requirement.

By observing children and their interaction with the environment, valuable data can be obtained regarding the child's social and emotional development. However, it is important that in obtaining this data, the behaviors that are to be observed are clearly defined and relate to the referring problems.

According to Alessi and Kaye's Behavior Assessment for School Psychologists, "three factors should be considered when selecting appropriate target behaviors:

1. How important are they to the persons involved?
2. Is the behavior a prerequisite to other tasks required of the child?
3. Does the behavior fit the norms for peers in similar situations?"

These three factors should be established through reviewing referral data on the child, parent interviews, and teacher interviews. Once the behaviors have been selected and a method of collecting data established, the observer must also determine whether the behaviors exist across various settings in terms of frequency, intensity, and duration. Therefore, observations should be done in more than one setting.

The results of this process:

a) systematic observation as required by law
b) clear definition of the behaviors to be observe
c) selection of an appropriate method of observing
d) observation in a variety of settings

will provide the examiner/observer with pertinent information that will aid in the establishment of eligibility.

Documenting the observation is important. It serves as a variable tool in determining the child's education needs, writing the individualized educational plan and selecting an appropriate placement in the case conference. The forms used can range from very simple to a more complicated standardized form. Examples of such forms and a brief description of each form follows.

ACTIVITY 1: The Trainer will distribute and discuss handouts 3 through 9.

Handout #3 -- Simple form on which to record student's behavior and to note any recommendations which might be made at the time of case conference. It may also be used for teacher, parent or administrator interviews.

Handout #4 -- Behavior observation report best used if targeting a frequency count of a specific behavior.

Handout #5 -- A narrative form discussing specific behaviors to be used along with handout 2.

Handout #6 -- A behavior chart to record length of time a behavior occurs.

Handout #7 -- This chart is unique because it allows observer to record the frequency of the student's specific behavior(s) and compares that to the control group(s).

Handout #8 -- Classroom observation checklist system which allows for comments. It is a good sheet to use as a base for beginning observations and can be completed by classroom teacher.

Handout #9 -- A selected bibliography which provides additional information regarding classroom observations.

It is important to choose an observation form with which the consultant is the most comfortable. If the documentation becomes too cumbersome, it is not going to be effective. The assigned task is observing the child, not filling out forms.

CLASSROOM OBSERVATION TIPS

1. Select a discreet place which allows for the observation of student and the classroom.

2. Present a low-keyed image.

3. Scan the room from time to time to avoid making the student being observed feel uncomfortable.

4. Observe the child on more than one occasion in more than one setting.

Objective 2: The behavioral consultant will be able to conduct student and teacher interviews and summarize the information received.

ACTIVITY 2: Interviews with students, parents, and teachers regarding specific problems are valuable. While methods for obtaining this information will vary, it's important to use several in order to get a complete picture of the child's strengths and weaknesses. The Behavior Questionnaire which was developed by the Indiana State Task Force For The Emotionally Handicapped has proven to be an effective interviewing tool.

Distribute handout 10.

The Behavior Questionnaire is an instrument used to help determine whether a child's behaviors reflect any of the five characteristics included in the Indiana definition of Seriously Emotionally Handicapped. It is a rough indicator of the presence or absence of these characteristics and serves as a framework for the comprehensive psychoeducational evaluation. It can be used as an educational tool, aquainting others with the definition, and as a diagnostic instrument which helps determine the critical dimensions of behavior which need to be explored.

The range of behaviors included in this questionnaire are seen as educationally significant because they may interfere with a child's school functioning. Most persons engage in many of these behaviors at one time or another. Consequently, it is not solely the presence or absence of behaviors which is important, but whether they are found in sufficient frequency, intensity or duration to significantly interfere with a child's educational progress.

The information obtained when this questionnaire is used may be especially helpful to the multidisciplinary team because the statements provide direction for the evaluation and assist in determining its scope. The questionnaire is not a comprehensive list of behaviors nor do the items constitute sufficient or even necessary conditions establishing the presence of a serious emotional handicap, but the questionnaire provides a structure from which the multi-disciplinary team can work in both initial and final stages of the evaluation process.

Objective 3: The behavioral consultant will serve as a member of the case conference committee.

should be reviewed. At that time, the members of the team can ask, in light of the completed evaluation, whether the needs should be addressed by dealing directly with the behavior mentioned in the questionnaire or those observed during formal evaluation, or indirectly by, such strategies as changing the structure in the child's environment.

For those behaviors which are going to be dealt with in the classroom setting, the items in the questionnaire can be easily translated into behavioral goals and objectives. For example, one of the characteristics used in identifying a student as seriously emotionally handicapped may be a "general pervasive mood of unhappiness or depression". The multidisciplinary team has determined and indicated on the questionnaire that this student's depressed mood has resulted in a "marked loss of pleasure in all or almost all usual activities and pastimes".

Specific items which have been checked on the questionnaire or observed can be worded as objectives such as:

a) to improve motivation,
b) to complete academic tasks,
c) to decrease social withdrawal,
d) to increase ability to respond with apparent pleasure to praise or rewards.

After the specific objectives are determined, criteria for documenting change will need to be developed and specified on the IEP.

Activity 3: Ask participants to pair off. Pairs will interview each other using the Behavior Questionnaire. The trainer will answer any questions regarding the interview.

TIPS FOR INTERVIEWS

1. Allow enough time to develop rapport with person being interviewed.

2. Present non-judgmental attitude.

3. Keep focused on the subject.

4. Use appropriate communication skills (eye contact, tone of voice, etc.).

5. Be an active listener.

ACTIVITY 4:

MATERIALS: Videotape of a student's behavior (classroom, gym, lunch)

ACTIVITY: The trainer shows a videotape of the student in different settings. Participants are asked to choose a behavior observation form and document behaviors observed on the videotape. The trainer provides participants with the completed Behavior Questionnaire. The participants are asked to break into same groups and role play positions of Special Education Director, Behavioral Consultant, Teacher, and Parent. They are to develop a sample IEP based on these observations and interviews.

The trainer leads the discussion about the completed IEP. The group should be reminded that the behavioral consultant is only one person on a multidisciplinary team.

SUMMARY: The behavioral consultant is a valuable member of The Case Conference Committee. Roles of the behavioral consultant discussed in this section may be shared with other professionals (school psychologists or teachers may conduct interviews, etc.) However, regardless of who performs these duties, it is the role of the behavioral consultant to help coordinate all information to effectively meet the needs of the specific student.

The Behavioral Consultant Role in Individual Support and Group Training

GOAL: The behavioral consultant will be able to provide support to personnel working with emotionally handicapped students through individual contacts and group training.

OBJECTIVE 1: The behavioral consultant shall provide the regular education teachers assistance in working with emotionally handicapped students on an ongoing basis.

The behavioral consultant, in cooperation with the building principal, must provide support to those regular education teachers who serve emotionally handicapped students within their classrooms. The consultant must provide regular education teachers with specific information on techniques and strategies for implementing the student's IEP. Upon initial placement of the emotionally handicapped student in the consultation program, an individual meeting should be held with each teacher assigned to the student so that questions and concerns may be addressed. This meeting provides the opportunity to discuss the various components of the child's program. At this time, each teacher should be reminded about confidentiality and other procedures applicable to the special education program. It is important to remind the regular educator that they have worked with this kind of student in the past. Identifying the child as emotionally handicapped will provide them more positive support to the regular educator in teaching the child.

It is important to contact and meet with each teacher assigned to students with emotional handicaps on a regular basis. This interaction will allow assessment of the student's progress and also provide an opportunity for regular education teacher to express their frustration and concerns.

The behavioral consultant should occasionally conduct meetings with the group of regular education teachers who are working with a particular student. This is especially important on the middle and secondary level. These meetings would allow the behavioral consultant and teachers to discuss and share ideas about the performance of the student and to discuss curricular issues. Although the law does not require the presence of parents at these meetings, one should consider the benefit of including them. All should be reminded that no programmatic changes can be made without holding a case conference.

Activity 1:

1) Have participants break into small groups
2) Participants are to assume the roles of one of the staff members in the role playing script.

Note: The trainer should move between groups and offer suggestions.

Pull participants back together and discuss possible outcomes.

Outline for Role Play -- Behavioral Consultants
Meeting with School Personnel

Background: Mark is a 10th grade student with emotional handicaps who is mainstreamed into the regular classes for math and history. He is currently demonstrating problems regarding his on-task behavior. He had maintained a C average the past quarter. Now, 3 weeks into a new grading period, he is failing both math and history due to a lack of attention to task and completion of assignments.

Cast of Characters:

Mr. Smith -- Math teacher
Ms. Harris -- History teacher
Ms. Jones -- Special education teacher
Ms. Block -- Behavioral consultant

Ms. Jones contacted the parents to inform them of the problems Mark is currently having in math and history. She invited them to the conference but they were unable to attend. Mark's mother told her that his father was arrested and jailed several weeks ago. Ms. Jones attributes Mark's problems at school to his concern about family matters. Ms. Jones shares this information with other staff members.

Mr. Smith and Ms. Harris arrive at the meeting requesting that Mark be removed from their classes immediately. After some discussion, they agree to continue to work with Mark.

Ms. Block serves as facilitator of the meeting. She leads the problem solving discussion.

OBJECTIVE 2: The behavioral consultant shall provide assistance and support to teachers of the emotionally handicapped in programming on a regularly scheduled basis.

The behavioral consultant, who should possess good interpersonal skills, has a background in identifying and working with students with emotional handicaps, as well as an understanding of curriculum and behavior management techniques.

In working with teachers of the emotionally handicapped, the behavioral consultant must begin the consulting process prior to the start of a school year and continue it throughout the year.

Before the start of school, the behavioral consultant should meet with the principal, teacher of the emotionally handicapped, and paraprofessional to help to design a programmatic plan of action for the school year.

ACTIVITY 2:

Have the group make a list of possible topics for discussion. The list should include the following. (Use overhead or chalkboard to list topics as given by the participants.)

a. plan the schedule and include lunch;
b. determine break time (teacher and paraprofessional);
c. make arrangements for meeting students as they arrive;
d. review line of communication for requesting assistance for disruptive behavior; develop crisis intervention plan;
e. determine who will contact parent when student is absent;
f. determine where special education records should be located;
g. review general school procedures that will affect teachers of emotionally handicapped students. Include names of persons who the teacher should contact for supplies, materials, etc.
h. review individual student IEP's

Due to changes in students, staff members, and school schedules, it is extremely important to discuss these plans at the beginning of each school year.

The behavioral consultant will act as a sounding board for the teacher of the emotionally handicapped student. The purpose of this relationship is to allow the teacher to "blow off steam" after a particularly exhausting experience or day. The behavioral consultant must be non-judgmental and allow the teacher to express frustrations and concerns. The goal of this discussion is to provide the teacher with a positive outlet for their frustrations.

ACTIVITY 3 - The trainer should ask participants to imagine the following situation: The teacher's paraprofessional aide is absent, two students run away from school, the teacher missed lunch and after students leave, a parent comes into classroom and yells at teacher for assigning too much homework.

Participants should be asked to divide up into pairs and discuss the events of the day. One plays the role of teacher; the other acts as a behavioral consultant. After 5 minutes, the trainer should bring the group back together to discuss positive, effective skills which were used to diffuse the teacher's stress. Following the discussion, the participants should be requested to reverse their roles.

The behavioral consultant should visit teachers on a regular basis to provide emotional support ("How is everything going? Is there anything you need?, etc.). The emphasis of this contact is to build and maintain a positive rapport between the behavioral consultant and the teacher. The visits should be scheduled during "non-crisis" time.

The behavioral consultant should meet with the teacher and principal at the end of the year to review program's successes and to discuss areas where improvement is needed. Constructive suggestions should be provided to make these improvements. All who attend the meeting should leave with positive feelings.

OBJECTIVE 3: The behavioral consultant shall provide staff development workshops.

These workshops are intended to teach supplementary skills which enhance the personal and professional growth of the participants.

ACTIVITY 4:

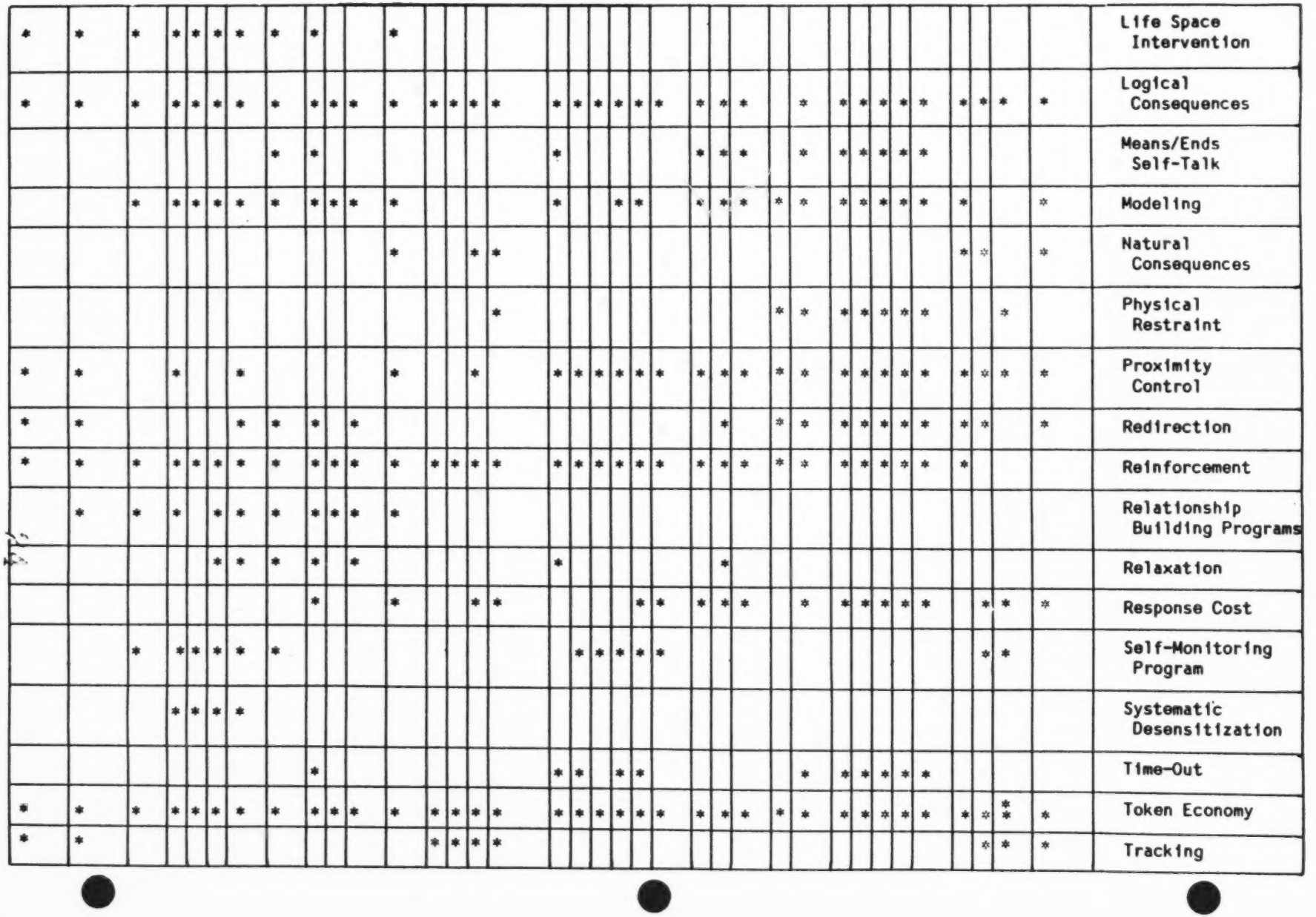
The trainer should ask participants to make list of possible topics for workshops. Included in this list should be: time management, stress management, teaching techniques, implementation of documentation, behavior management skills, etc.

The trainer should emphasize that because the behavioral consultant is not an expert in all areas, outside speakers may be asked to present workshops. The behavioral consultant may serve as a resource for locating experts in specific areas to act as workshop leaders.

Handout I

FIGURE 1

	Activity Time-Out	Behavioral Rehearsal (Role Playing)	Confrontation	Contingency Contracting	Covert Escape Avoidance	Cueing	Extinction	Fading	Imagery	Instructional Detention	Interpretation
1) GENERAL NON-COMPLIANCE Refusing to:											
a) follow directions	*		*	*	*			*		*	
b) remain is assigned area	*		*	*	*	*		*			
c) stay on task	*		*	*	*	*	*	*		*	
d) accept authority	*	*				*		*			
2) PHYSICAL AGRESSION											
a) kicking	*		*	*	*						
b) hitting	*		*	*	*						
c) biting	*		*	*	*						
d) spitting	*		*	*	*						
e) throwing objects	*		*	*	*						
f) destruction of property	*		*	*	*						
g) self-abusive behavior				*			*				
3) VERBAL AGRRESSION											
a) swearing	*		*	*							
b) verbal threats	*		*	*							
c) name calling			*	*			*				
4) ATTENTION SEEKING BEHAVIOR											
a) excessive talking				*		*	*	*			
b) obscene gestures				*		*	*	*			
c) making faces				*		*	*	*			
d) unnecessary questions				*		*	*	*		*	
e) annoying noises				*		*	*	*			
f) power struggles	*			*		*			*		
5) REFUSING TO ACCEPT RESPONSIBILITY											
a) lying			*		*			*			*
b) cheating			*	*	*						*
c) denial					*					*	*
d) shifting blame			*		*						*
6) INADEQUATE SOCIAL SKILLS											
a) stealing			*	*	*						*
b) inability to cope with conflict		*	*		*	*					*
c) manipulation		*				*				*	*
d) hostility	*		*		*	*			*		*
e) insecure relation-ships with others		*									*
7) POOR SELF-CONCEPT											
a) withdrawal		*									*
b) depression		*									*
c) mood swings		*									*
d) poor eye contact		*				*					*
e) overestimation of self-importance		*				*	*		*		*
8) POOR DECISION MAKING SKILLS											
a) easily misled by others		*									*
b) unable to consider options and consequences		*				*					*


Life Space Intervention
Logical Consequences
Means/Ends Self-Talk
Modeling
Natural Consequences
Physical Restraint
Proximity Control
Redirection
Reinforcement
Relationship Building Programs
Relaxation
Response Cost
Self-Monitoring Program
Systematic Desensitization
Time-Out
Token Economy
Tracking

Handout # 2

Steps for Planning a Physical Intervention Policy

1. Know your students

   * What are some possible conflicts that may arise?
   * Would your student direct verbal abuse or physical aggression at other students or staff members?
   * How does each student respond to verbal or physical aggression?
   * Which students would you be able to manage independently and for whom would you need support?

2. Know your physical setting

   * Is there someplace in your classroom where you could isolate a student?
   * Is there a time-out room in the building?
   * How far is your classroom from support staff?
   * Does the physical environment of your classroom enhance the potential for aggression (desks close together, too many students, etc.)?
   * Can you "buzz" for help?

3. Involve support staff in planning

   * Do you agree with the kinds of interventions used with your students outside of your classroom?
   * Are support staff trained to safely manage aggressive students?
   * Do you agree with your building's administrative policies on physically managing students?
   * Is there a written policy in your school district?
   * Is there someone who could be "in charge" of other students when you are engaged in managing an aggressive student?

4. Write down specific procedures to be used in the event of a physically aggressive incident. Evaluate procedures by asking:

   * Is there a written, predetermined plan?
   * Is there a way to quickly get assistance (buzz the office, send an aide, send a student, yell)?
   * Is there someone to attend to other students? What if he or she is not available?
   * Where will any intervention take place?
   * Is everyone kept physically safe?
   * Are you as a teacher "in charge"?
   * Is there minimal verbal interaction?

HANDOUT #3

CONSULTATIVE REPORT

Child's Name _____ Age _____ Grade _____

School _____ Corp. _____ Principal _____

Phone _____

Referral Person _____ Date _____

OBSERVATIONS/CONCERNS: **TIME:** _____

RECOMMENDATIONS

BEHAVIOR OBSERVATION REPORT Observed by_____

Name of Student_____

Date_____ Time of Observation_____ Length of Observation_____

Class or Classes Observed (Specify)_____

Teacher(s)_____Class Size_____ _____

School_____

Conditions in the Classroom_____

_____

_____

INTERVAL RECORDING

Target Behavior:_____

Beginning time_____ Ending time_____

Length of time intervals_____

\+ if target behavior occurs - if target behavior does not occur

HANDOUT #5

Target Behavior: _____

_____

_____

TIME	A B C NARRATIVE - A-Antecedent B-Behavior C-Consequence	FRFQUENCY TALLEY	TOTAL

Average Occurrence during ___ minute period ___

HANDOUT #6

DURATION BEHAVIOR CHART

NUMBER OF MINUTES

20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Dates >>>>

HANDOUT #7

BEHAVIOR OBSERVATION - FREQUENCY

Name, Subject-_____ Name (control)_____

Date _____ OBSERVER _____

TIME OBSERVED_____ GRADE _____

		5 MIN.	5 MIN.	5 MIN.	5 MIN.	5 MIN.	5 MIN.	5 MIN.	5 MIN.
following teachers direction	S								
	C								
not attending to task	S								
	C								
talking out	S								
	C								
out of seat	S								
	C								
physical aggression	S								
	C								
excessive motor movements	S								
	C								
started task on time	S								
	C								
gestures or verbalization	S								
	C								
socializing with peers, distracting others	S								
	C								

HANDOUT #8

CLASSROOM OBSERVATION

STUDENT'S NAME:

DOB:

SCHOOL:

GRADE:

TEACHER/OBSERVER:

DATE:

THE STUDENT:	Very Much Like the Student	Like the Student	Not Much Like the Student	Not At All Like the Student
- enters classroom on time	☐	☐	☐	☐
- brings necessary materials to class	☐	☐	☐	☐
- remains in seat	☐	☐	☐	☐
- follows classroom rules	☐	☐	☐	☐
- listens and follows teacher directions	☐	☐	☐	☐
- begins assignments	☐	☐	☐	☐
- completes assignments	☐	☐	☐	☐
- works independently	☐	☐	☐	☐
- interacts appropriately with peers	☐	☐	☐	☐
- participates in classroom discussions/ activities	☐	☐	☐	☐
- attends to task	☐	☐	☐	☐

COMMENTS:

HANDOUT #9

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HANDOUT #10

BEHAVIOR QUESTIONNAIRE

(Identifier)

*STUDENT*_____ *BIRTHDATE*_____

*SCHOOL*_____ *GRADE*_____

*REFERRING TEACHER*_____ *SUBJECT MATTER AREA*_____

*Teacher Interviewed*_____ *Date*_____

*Interviewed by*_____ *Position*_____

*Length of Interview*_____ *Location*_____

*Length of Time Student Known by the Informant*_____

*Teacher Interviewed*_____ *Date*_____

*Interviewed by*_____ *Position*_____

*Length of Interview*_____ *Location*_____

*Length of Time Student Known by the Informant*_____

This questionnaire is designed to assist school personnel conducting an interview with a referring teacher, in order to better assess the extent to which the student is described by any of the five characteristics included in the Indiana definition of Seriously Emotionally Handicapped. These characteristics are:

a. *an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic);*

b. *an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;*

c. *an innappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted);*

d. *a general pervasive mood of unhappiness or depression;*

e. *a tendency to develop physical symptoms or fears associated with personal or school problems.*

Directions: Behaviors associated with these five characteristics are listed. Check any of those which describe the student referred. The "Comments" section should be used by the interviewer to provide additional information regarding behaviors which are of greatest concern. Be specific as to the duration, frequency, or intensity of the observed behavior.

1. Basic Skills - reading/mathematics/language:

-academic regression
-decline in grades
-change in skill acquisition
-change in skill application

Comments: _____

_____

_____

_____

2. Short attention span, unable to concentrate:

-shows erratic, flighty behavior
-easily distracted
-lacks perseverance
-daydreams, gets lost in his/her thoughts
-does not complete assignments, fails to finish things he/she starts

Comments: _____

_____

_____

_____

3. Unable to retain:

-poor memory
-forgets easily

Comments: _____

_____

_____

_____

4. Does not complete tasks, careless and disorganized:

-disorderly
-unable to sequence
-loses or misplaces materials

Comments: _____

_____

_____

_____

5. *Does not follow academic directions:*

- *-inattentive*
- *-omits all or parts of things*
- *-makes many errors*

Comments: _____

_____

_____

_____

6. *Lacks comprehension of assignments:*

- *-tasks at skill level incorrectly completed*
- *-displays anxiety*
- *-many wrong or poor responses*
- *-assignments late or not handed in*

Comments: _____

_____

_____

_____

7. *Seeks excessive attention:*

- *-makes weird noises*
- *-acts like class clown, shows off*
- *-seeks excessive praise*
- *-disrupts others*
- *-silliness, childishness*
- *-excessive pouting*
- *-quarrelsome, argumentative*
- *-plans and carries out hostile acts*
- *-bragging, boastful*
- *-excessive swearing*

Comments: _____

_____

_____

_____

8. *Difficulty understanding and accepting the point of view of another person and then responding appropriately:*

-feels persecuted and acts as if others are out to get him/her
-repeatedly annoys others, insensitive to the social cues given
-lacks empathy, insensitive to the feelings of others
-teases others in a hurtful manner
-tactless or rude in social interaction
-cruel or mean to others, a bully
-does not feel guilt or remorse when such a reaction is appropriate
-does not show concern for welfare of friends or companions
-unrealistically fearful or untrusting of others
-egocentric
-inability to predict the consequences of his/her actions
-poor problem solver, cannot develop alternative solutions to social conflicts

*Comments:*_____

_____

_____

_____

9. *Failure to establish a normal degree of affection or bond with others:*

-difficulty maintaining friendships longer than six months
-blames or informs on companions
-does not extend self for others unless immediate advantage is likely
-isolated, complains of loneliness
-prefers playing with younger children
-not liked by age mates
-lies to companions, cheats at games
-reluctant to participate in activities with peers
-jealous of others
-excessively possessive of the friendship of others
-substitutes adult company for peer relationships
-elective mutism, continuous refusal to talk in almost all social situations, including school (not due to inability to speak or comprehend language or to mental or physical disorder)

*Comments:*_____

_____

_____

_____

10. Difficulty dealing with authority figures:

-resents constructive criticism or advice
-highly confrontive with those in authority
-insists on having own way
-resists rules, structure
-unreasonable, rigid, unwilling to compromise
-absences or tardiness due to disciplinary actions

Comments: _____

_____

_____

_____

11. Obsessive - compulsive behavior:

-ritualistic, stereotyped actions directed toward meticulous detail
-constantly erases or recopies
-excessively strives for perfection
-cannot accept change of activities out of sequence
-perseveration, persistently repeats certain acts over and over
-stores up things he/she does not need
-overly concerned with neatness or cleanliness

Comments: _____

_____

_____

_____

12. Distorted perception of reality:

-magical thinking, believes in ability to influence an event by defying laws of cause and effect
-excessive fantasizing, imagined thoughts to gratify wishes
-hallucinating, sees things that are not there
-disorientation, confusion regarding time, place, identity
-loose associations, in conversation jumps from one topic to another with no apparent connection
-misinterprets situations, illogical thinking with erroneous conclusion reached
-delusions-false belief in spite of contradictory evidence (not including simple denial of guilt)

Comments: _____

_____

_____

_____

13. *Problems with sexual issues:*

- *-sexual behavior which is developmentally inappropriate*
- *-sexual preoccupation*
- *-provocative behavior*
- *-conflicts with sexual identity*
- *-exhibitionism*
- *-public masturbation*

Comments: _____

_____

_____

_____

14. *Chronic violation of age appropriate and reasonable home or school rules:*

- *-destroys property, either his/her own or others*
- *-blatantly defiant of classroom and school routine*
- *-sets fires*
- *-cruelty to animals*
- *-persistent lying*
- *-impulsively steals objects that are not for immediate use or their intrinsic value*

Comments: _____

_____

_____

_____

15. *Violent anger reactions, temper tantrums:*

- *-anger is disproportionate to the situation*
- *-explosive, uncontrolled anger*
- *-unanticipated violence or destruction of property, throws objects*
- *-easily provoked*
- *-unplanned physical harm of others*

Comments: _____

_____

_____

_____

16. *Regressive behaviors:*

-thumb sucking
-wetting self during the day
-playing with or smearing feces
-markedly increased attachment to parent figure
-infantile speech or mannerism

Comments: _____

_____

_____

_____

17. *Depressed mood or marked loss of pleasure in all, or almost all, usual activities and pastimes:*

-insomnia or hypersomnia
-low energy level or chronic tiredness
-feelings of inadequacy, loss of self-esteem or self-deprecation
-decreased effectiveness or productivity at school
-decreased attention, concentration or ability to think clearly
-social withdrawal, isolates self
-loss of interest or enjoyment of pleasurable activities
-irritability or excessive anger
-inability to respond with apparent pleasure to praise or rewards, general unresponsiveness
-less active or talkative than usual
-pessimistic attitude toward the future, brooding about past events or feeling sorry for self
-excessive tearfulness or crying
-recurrent thoughts of death or suicide
-does not eat well, loss of appetite
-presents a feeling of hopelessness or dejection
-social withdrawal, apathy, or sadness
-lacks motivation to complete academic tasks

Comments: _____

_____

_____

_____

18. Self-aggressive, physical abuse toward self:

-deliberately harms self
-attempts suicide
-excessive scratching, picking, biting of fingernails
-takes inordinate risks
-accident prone, gets hurt a lot
-excessive weight gain
-excessive weight loss
-change in personal habits
-repeated running away from home overnight

Comments: _____

_____

_____

_____

19. Restless, agitated:

-nervous, high strung or tense
-always in motion
-cannot sit still
-short attention span
-impulsive, acts without thinking
-decreased need for sleep
-inappropriate laughing
-difficulty concentrating
-excessive anxiety
-extreme mood swings
-compulsive talking

Comments: _____

_____

_____

_____

20. *Excessive anxiety when separated from those to whom child is attached:*

- *-unrealistic fear about possible harm befalling major attachment figures or fears they will leave and not return*
- *-persistent reluctance or refusal to go to school in order to stay with major attachment figure(s) at home*
- *-persistent reluctance or refusal to go to sleep without being next to major attachment figure or to go to sleep away from home*
- *-repeated nightmares involving theme of separation*
- *-complaints of physical symptoms on school days, e.g., stomachaches, headaches*
- *-difficulty concentrating and attending to work or play when not with a major attachment figure*

Comments: _____

_____

_____

_____

21. *Generalized and persistent anxiety or worry:*

- *-unrealistic worry about future events*
- *-preoccupation with the appropriateness of the individual's behavior in the past*
- *-overconcern about competence in a variety of areas, e.g., academic, athletic, social*
- *-excessive need for reassurance about a variety of situations or events*
- *-somatic complaints*
- *-marked self-consciousness or susceptibility to embarrassment or humiliation*
- *-marked feelings of tension or inability to relax*
- *-persistent and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the phobic stimulus*
- *-absence or tardiness due to stress-related illness*

Comments: _____

_____

_____

_____

22. *Self-concept so low as to impair normal functioning:*

- *-lacks confidence, insecure, afraid to try new things*
- *-assumes blame inappropriately when things go wrong*
- *-severe avoidant behavior which interferes with social relationships*
- *-excessive dependency on adults or others*
- *-persistent and excessive shrinking from contact with strangers*
- *-easily frustrated and upset by failure*
- *-overwhelmed by new tasks and tries to avoid*
- *-does not complete routine tasks*
- *-persistent feelings of failure*

Comments: _____

_____

_____

_____

Behavioral Consultant
Workshop II
Organizational Skills

Workshop II
Organizational Skills

GOAL: The behavioral consultant will demonstrate competency in organizational skills.

Organizational Skills

Objective One: The behavioral consultant will demonstrate efficient organizational skills by managing time, maintaining files, and managing specific job duties.

The behavioral consultant must function in many arenas and may have to respond to demands from many people. Managing such diverse and constant demands requires effective organization of time, paperwork, and specific job duties. The consultant must first have a clear-cut picture of what responsibilities must be met.

The first step in clarifying the system's expectations is to meet with the person who supervises this position. It is important that there is mutual understanding of all role demands. Establish a plan for continuing communication with this person (once a week or monthly, in writing or in person).

Activity 1: The trainer will distribute and lead the discussion of Handout 1: "What Am I Doing Here?"

The second step is to become thoroughly familiar with the requirements of the referral process as it is structured in the local system. The consultants need to have a clear idea of their role as a member of the diagnostic team. Legally, the consultant may not intervene with individual students without a formal referral and parent permission. This process begins with the initiation of the referral and continues through the case conference committee meeting which determines eligibility for service. If there are any questions about this procedure, the consultant should contact their supervisor.

The third step is to identify the contact person who represents each educational unit in the system. In a cooperative this may be the district administrator or a designee for each school system served. In a single district this may be the building principal.

Be prepared for this critical meeting. The initial impression that is made on the contact person will greatly influence the effectiveness as a consultant. The consultant should present themself as a sincere professional whose expertise as a behavioral consultant is available to the school. Good public relations skills are needed here. Open lines of communication are essential to effecting change: therefore, this person's confidence and support is needed. As the pressure of dealing with emotionally handicapped children rises, the relationships established will be critical.

The fourth step is to structure the caseload. This requires organization of self, paperwork, time, and materials. Organizing includes prioritizing many roles and establishing a mental framework within which the consultant will approach this position.

Time management. One of the hardest parts of being a successful consultant is organizing time. Everyone wants immediate attention. Other people's demands create significant pressure to overcommit oneself. To help offset this pressure, the consultant must utilize good time management techniques.

The calendar is the consultant's best friend. It should be carried at all times. Everything should be written down. Others should be reminded politely not to expect the consultant unless they have arranged a time to meet with them.

The first step in establishing a time management system is to try to accurately assess the amount of time that the individual tasks will take. Attempt to be realistic. Every task will take longer than anticipated. Time to talk should be included. The role requires that time is made for spontaneous conversations with teachers, students, secretaries, and administrators. Travel time must be realistic with an amount of time included to get from one place to another.

The second step is to prioritize the commitments that have been made. Priorities may be based on the critical nature of the task, by deadline, or by efficiency. For example, a crisis must be dealt with immediately but legal deadlines must also be met. At times a non-critical but necessary task can be handled quickly because the consultant is already in the building.

It is important to learn to use time effectively. Everyone, including the consultant must stay on task. Conversations should focus on the topic. Obligations should not be accepted that are not part of that role. This is often easier said than done. There must be awareness of the psychological pressure that will be used to get the consultant to accept responsibility for the problems of others. The consultant should empathize, sympathize, or offer suggestions, but should not accept responsibility assigned to others.

This is not a selfish or irresponsible position to take. The consultant must protect their own emotional status if they are to continue to function in a positive and effective way. Effective professionals cannot possibly meet expectations if they are overextended.

Consultants should not give the impression that they have little to do. Rather, they should convey to others that they have obligations. Time to discuss problems can be arranged, but it is always better to make an appointment.

ACTIVITY 2: The trainer will distribute handout 2 and divide the participants into small groups. There should be chart paper and markers available for each group.

Give the participants a list of obligations which they must meet by next Friday. Have them create a schedule that will enable them to successfully do this.

Case Conference: Wednesday, 9:00 a.m., School A
Case Conference: Friday, 3:30 p.m., School B
Check on five consultation students: two at School C, one at B, one at D
Process three new referrals; set interview times with students and teachers; observe in each classroom; two students at B, one at E

Staff meeting with EH teachers, School F, 2:30 p.m. Thursday
Principal of School C wants to meet with you about a referral
The school psychologist needs reports on two students seen last week
Supervise kindergartners during fire drill at School C
Return phone calls: two parents, one mental health agency
Central office needs mileage claim
Deliver requisitions to central office for principal of School D

Participants should prioritize this list, consolidate tasks, and eliminate requests which are not role related. When schedules are completed say, "It is now 1:00 p.m. on Wednesday. This emergency call is for you. One of your consultant students is very upset and threatening to run. Student's bus leaves at 2:35 p.m. The consultant is needed at School C!

DISCUSS: Have each group put the schedule they have planned on chart paper; discuss the differences and similarities. Be sure that each group has remembered to include lunch, travel time, unexpected conference, etc.

Maintaining Files. The consultant's system must include a way to keep files in order. There should be a file for every student on the caseload. This file should include copies of relevant reports, IEP's, documentation of involvement, contacts with parents (including telephone conversations) and documentation of contacts with other staff or agencies about this student.

An important decision that must be made deals with where these files are kept. All information on special education students in considered confidential and should be kept in a secure location. The consultant must also determine whether files are to be kept in a central location or in the building where the student is located. As a traveling professional the consultant must be organized to insure that needed information is available.

Paperwork is an unpleasant but necessary task. All legal obligations be met. Referrals, IEP forms, and permission forms are developed by the local district or cooperative. All should be properly completed and on file. Additional forms will need to be developed to document the activities of the behavioral consultant. The purpose of these forms will be to maintain consistency in observation and reporting.

The trainer will handout and briefly discuss handouts 3, 4, 5 and 6.

- telephone log (to record phone calls related to student; kept in student file (Handout 3)
- Consultant data sheet (allows easy access into personal information) (Handout 4)
- behavioral consultant anecdotal record (documents each contact concerning student) (Handout 5)
- behavioral consultant report (report for case conference) (Handout 6)

Summary: The behavioral consultant must exhibit good organizational skills. The demands made sometimes seem overwhelming. In order to be an effective consultant, the behavioral consultant has to have an efficient system of organizing time, files, and job duties.

Handout #1

WHAT AM I DOING HERE?

1. To whom do I answer?
2. What conferences do I attend?
3. Do I attend all diagnostic conferences?
4. Who gets my reports?
5. Do I act as a case conference coordinator?
6. Do I have a central office or do I have an office at every school?
7. Has my position been discussed with staff?
8. Do I receive mileage? Where and how do I report it?
9. To whom do I report when I'm sick?
10. What is the referral process used in this system?

There may be many more questions that you will need to ask that are relevant to the program in which you work.

Handout #2

How Do I Get This Done?

1. Case Conference: Wednesday, 9:00 a.m., School A
2. Case Conference: Friday, 3:30 p.m., School B
3. Check on five consultation students: two at School C, one at B, on at D
4. Process three new referrals: set interview times with students and teachers, observe in each classroom, two students at B, one at E
5. Staff meeting with EH teachers, School F, 2:30 p.m. Thursday
6. Principal of School C wants to meet with you about a referral
7. The school psychologist needs reports on two students seen last week
8. supervise kindergartners during fire drill at School C
9. Return phone calls: two parents, one mental health agency
10. Central office need mileage claim
11. Deliver requisitions to central office for principal of School D

Handout #3

Telephone Log

Student's Name:_____

Home telephone number:_____

Date	Person Contacted	Reason for Contact; Information Obtained	Documented

(Records are kept on all incoming and outgoing calls. Contact with any person or agency related to the child is recorded).

HANDOUT #4

CONSULTANT DATA SHEET

DATE:_____

NAME:_____AGE:_____GRADE_____

SCHOOL ATTENDING_____CORP:_____

SCHEDULE RECEIVED_____ TELEPHONE # _____

PRINCIPAL:_____CONTACT PERSON/S_____

_____

PARENTS:_____ADDRESS_____

_____

_____

PHONE:_____

I.E.P. GOALS REVIEW DATE_____

1. _____

_____

_____

2. _____

_____

_____

_____

3. _____

_____

_____

4. _____

_____

_____

HANDOUT #5

BEHAVIOR CONSULTANT ANECDOTAL RECORD

NAME: _____

DATE: _____

TIME: _____

TEACHER CONFERENCE: _____

_____

_____

_____

_____

RECOMMENDATIONS TO TEACHER: _____

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_____

_____

STUDENT CONFERENCE: _____

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RECOMMENDATIONS TO STUDENT: _____

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HANDOUT #6

BEHAVIORAL CONSULTANT'S REPORT

DATE:_____

STUDENT: _____AGE: _____GRADE:_____

SCHOOL: _____CORP.: _____PRINCIPAL:_____

REFERRAL PERSON:_____CONTACT PERSON:_____

REASONS FOR REFERRAL:

_____

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_____

INITIAL INTERVIEW

STUDENT: _____ DATE: _____

RESOURCE PERSONNEL INTERVIEWED:

Name	Position
Name	Position
Name	Position

CONCERNS/OBSERVATIONS:

CONSULTANT'S OBSERVATION

STUDENT: _____ DATE: _____

DATE: _____

TIME: _____ CLASS/SUBJECT: _____ TEACHER: _____

TIME: _____ CLASS/SUBJECT: _____ TEACHER: _____

OBSERVATIONS:

CONSULTANT'S RECOMMENDATIONS

STUDENT: _____ DATE: _____

RECOMMENDATIONS:

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FOLLOW-UP SERVICES:

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REPORT MAILED TO:

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The Behavioral Consultant

Workshop III

Interpersonal Skills

Workshop 3

Interpersonal Skills

Goal: The behavioral consultant should possess the following personal skills: problem solving, communication, and personal coping.

Objective 1: The behavioral consultant will practice effective problem solving skills.

Another name for behavioral consultant is "problem solver." In every aspect of their job, effective problem solving skills are crucial to the behavioral consultant. Support can't be given to teachers unless the behavioral consultant is capable of solving a variety of problems.

There are many theories and models for developing good problem solving skills. What is presented is an example of one which has proven effective.

Activity 1: The trainer will distribute and discuss handout 1 (Steps for Problem Solving)

The steps involved in this example include:

1. Define the problem.
2. Explore options
3. State outcomes for each option.
4. Choose best alternative.
5. Evaluate effectiveness of choice.

The trainer will lead a discussion regarding steps to solving a problem. The discussion should include:

1. Define only one problem at a time.
2. Brainstorm!! All options should be considered.
3. Predict all possible consequences.
4. If choices are effective, problem is solved. If not, repeat the process.

Problem solving is a collaborative effort between the behavioral consultant and teachers, other staff members and parents. It is based on mutual trust and generates a commitment to an intervention plan which results in a change. This process should result in a strengthened interpersonal relationship, enhancement of knowledge and skills, positive attitudes, and a more effective working relationship.

Activity 2:

Participants should break up into small groups. Each group is asked to make a list of problems a behavioral consultant faces daily. Each group will be asked to review their list. The trainer records the lists generated and leads a discussion concerning those identified. The might list include:

1) What's for breakfast?
2) Choosing clothes (comfortable, etc.)
3) Making daily schedule (How can I be 20 places at once? SET PRIORITIES!)
4) Individual student/teacher problems.

After the list has been expanded to include a variety of problems, participants are asked to individually choose one of these problems and work through it by using the steps to problem solving handout. Participants should share their problem solving activity with the group.

Objective #2: The behavioral consultant will demonstrate good communication skills.

A primary responsibility of the behavioral consultant is communicating effectively with classroom teachers, administrators, other school and community personnel, and parents. To be effective in communicating with these audiences, the behavioral consultant's role includes more than basic verbal exchanges. They need to have both verbal and nonverbal communication skills as well as highly developed listening skills.

Activity 1: Led by the trainer; each topic listed should be discussed. Trainers will ask participants to generate answers to "How are verbal/nonverbal skills demonstrated?" The discussions should include:

NONVERBAL COMMUNICATION SKILLS:

1. appropriate body language
   - -maintaining good eye contact
   - -nodding head
   - -proper physical position (sit with group? behind desk?)
   - -appropriate facial expression
   - -no fidgeting, drumming fingers, etc.

2. conveying a positive attitude
   - -exhibiting enthusiasm at appropriate times
   - -reflecting feelings in an empathetic, sincere manner
   - -present non-judgmental attitude

3. good listening skills
   - -become an active listener (restate teachers comments to insure understanding)
   - -use good questioning skills ("what do you think of...","how do you feel about...")
   - -refrain form interrupting when others speak

4. good written language
   - -take advantage of opportunities to write thank you notes
   - -use understandable language
   - -use appropriate grammar, correct spelling, etc.
   - -keep copies of written communication

VERBAL COMMUNICATION SKILLS:

1. Tone of voice
   - -check volume, pitch (no preaching or whining)

2. Use of appropriate language
   - -good grammar
   - -refrain form swearing

3. Speed
   - -don't talk to fast
   - -don't talk too slow

Behavioral consultants are placed in a position of a being role model. The use of good communication skills is essential for success.

Objective 3: The behavioral consultant will demonstrate effective personal coping skills.

Activity 3: The trainer reads "A DAY IN THE LIFE OF A BEHAVIORAL CONSULTANT"

7:15 am - Phone rings. Director of Special Education calls to announce your invitation to an important case conference (she meant to tell you about yesterday).
7:20 am - You call to reschedule your 8:00 appointment with the EH teacher. Teacher expresses displeasure in no uncertain terms.
7:30 am - Trying to leave the house. Husband has misplaced car keys. Daughter spills grape juice all over your blouse.
7:35 am - Attempts made to find keys and clean blouse.
8:00 am - Arrive at case conference. Irate parents ramble on until 9:30.
10:00 am - Arrive at 9:30 appointment (classroom observation).
10:45 am - Go to office. "Urgent" phone messages waiting. Return calls. Only 1 is actually "Urgent" and can't be dealt with over the phone. A junior high student threatening to leave school if she can't talk with you.
11:30 am - Arrive at school to talk with student. Spend 45 minutes talking with her. Miss lunch to provide support for teacher and principal.
12:15 pm - Head for previously scheduled 12:30 conference. Delayed by traffic jam. Arrive five minute late. Conference runs smoothly.
2:00 pm - Head to office for paperwork.
2:30 pm - EH teacher department meetings. Teachers voice frustration. Meeting lasts 1 1/2 hours beyond scheduled time.
5:00 pm - Pick up daughter. Go to grocery. Fix dinner (forgot several items on shopping list). Improvise meal. Family dissatisfied.
6:30 pm - Start laundry. Catch up on paperwork left over from work day. Husband complains about lack of attention you're showing him....

After reading this scenario, trainer emphasizes accuracy of report the of a typical day. The trainer then reads a list of "SIGNS OF STRESS OVERLOAD."

SIGNS OF STRESS OVERLOAD: Some persons are not only candidates for the ills of stress, but they are victims. In Combating Occupational Burn-Out in the Helping Professions, Jay Cleve of the University of Wisconsin listed the following signs of stress overload:

-Accident proneness, physical disorders, and susceptibility to illness
-Indecisiveness
-Personal doubts
-Guilt
-Personal and inter-personal withdrawal
-Psychological rigidity
-Longer working hours and lower productivity
-Existential and philosophical doubts
-Blame and resentment
-Cynicism and griping
-Apathy
-Task avoidance
-Unnecessary risk taking

The trainer asks participants to list personal coping skills to deal with stress overload. The list should include:

-physical exercise
-developing hobbies unrelated to work
-know YOUR professional support systems
-Don't take negative comments personally
-maintain sense of humor
-don't take school problems home and vice-versa
-be flexible
-reorganize need for breaks at work
-accurately access personal expectations
-maintain structure and organization
-reward self at end of day (read a book, go for walk, go shopping, go out to eat)
-allow time for interaction with trusted friend to soothe your emotions

OBJECTIVE 4: The behavioral consultant will act as a coordinator/group leader for group sharing sessions with teachers of students who are emotionally handicapped.

These sessions differ from formal workshops because they do not focus on a particular skill or topic. The purpose of organizing this activity is to allow teachers of students with emotional handicaps students to provide support for each other by discussing experiences. The major role of the behavioral consultant is to facilitate the group discussion to insure that it be a productive exchange of information.

Module Summary Statement

Behavioral consultants must be able to provide the services of a resource person, diagnostician and support person. Behavioral consultants can't be expected to have all the answers to all the problems. They should be familiar enough with available resources to be able to make contact with individuals and agencies who can provide necessary services.

As diagnosticians, behavioral consultants should be able to accurately assess the needs of the student. Good observational and documentation skills are essential.

Finally, because working directly with students with emotional handicaps is stressful and demanding, the behavioral consultant's support to teachers of these students is most valuable. Time to build and maintain a supportive relationship with the teachers is an extremely important part of the behavioral consultant's job.

EVALUATION

1. Describe how this workshop has reinforced/changed your perception of the role of the behavioral consultant?

2. Is the information presented in the workshop useful to you for improving your role performance? Describe.

3. Identify the section/topic in the module which was most helpful.

4. Identify topics which could be added to improve the effectiveness of this workshop.

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